

RECEIVED

- (k) Sudden decrease in urinary output, and/or elevation of blood urea nitrogen and creatinine levels.
- (l) Failure to thrive (pediatric only).
- (m) Acute dyspnea, cyanosis or chest pain.
- (n) Severe abnormalities in hemoglobin, hematocrit, white blood count, platelet count, or prothrombin time.
- (o) TREATMENT IN AN OUTPATIENT SETTING, IF AVAILABLE, HAS BEEN PURSUED AND FAILED.

(E) SEVERITY OF ILLNESS FOR PSYCHIATRIC ADMISSIONS.

INDICATORS OF HOW ILL THE PERSON IS SHALL BE REVIEWED FOR CONSIDERATION OF A PSYCHIATRIC ADMISSION. THE FOLLOWING SIGNS AND SYMPTOMS WILL SERVE AS GUIDELINES WHEN MAKING A PSYCHIATRIC ADMISSION DETERMINATION.

- (1) SUICIDAL RISK; RECENT ATTEMPT OR PAST HISTORY OF ATTEMPTS.
- (2) DANGER TO OTHERS; RECENT BEHAVIOR OR PAST HISTORY OF DANGEROUS BEHAVIOR.
- (3) DEPRESSION; INCLUDING INABILITY TO MAINTAIN ACTIVITIES OF DAILY LIVING.
- (4) PSYCHOTIC; INCLUDING PSYCHOTIC THOUGHT PROCESS AND DISORDERED BEHAVIOR.
- (5) TOXICITY; INCLUDING SUBSTANCE ABUSE REACTION.
- (6) EATING DISORDERS; INCLUDING DOCUMENTED SIGNIFICANT DECREASE IN IDEAL BODY WEIGHT, MEDICAL COMPLICATING CONDITION, AND DOCUMENTED TREATMENT IN AN OUTPATIENT SETTING HAS FAILED.

RESCINDED

Effective Date: JUL 01 1992

Certification:

Levy A. Walker

JUN 19 1992

Date

Promulgated Under RC Chapter 119.

Statutory Authority RC Section 5111.02

Rule Amplifies RC Sections 5111.01 and 5111.02

Prior Effective Dates: 3/20/84, 10/1/84, 7/1/90

5101:3-2-42 REIMBURSEMENT FOR ELECTIVE CARE SUBJECT TO PRE-CERTIFICATION REVIEW.

- (A) AN ELECTIVE ADMISSION, AS DEFINED IN RULE 5101:3-2-40 OF THE ADMINISTRATIVE CODE, IS REIMBURSED ACCORDING TO THE RATES FOR INPATIENT HOSPITAL SERVICES PURSUANT TO RULE 5101:3-2-22 OF THE ADMINISTRATIVE CODE FOR HOSPITAL ADMISSIONS REIMBURSED ON A COST BASIS AND RULE 5101:3-2-0711 OF THE ADMINISTRATIVE CODE FOR HOSPITAL ADMISSIONS REIMBURSED ON A PROSPECTIVE BASIS. OUTPATIENT HOSPITAL SERVICES ARE REIMBURSED ACCORDING TO RULE 5101:3-2-21 OF THE ADMINISTRATIVE CODE FOR HOSPITALS SUBJECT TO PROSPECTIVE REIMBURSEMENT, AND ACCORDING TO RULE 5101:3-2-22 OF THE ADMINISTRATIVE CODE FOR THOSE HOSPITALS REIMBURSED ON A COST BASIS. ASSOCIATED PHYSICIAN SERVICES ARE REIMBURSED ACCORDING TO MEDICAID MAXIMUMS FOR PHYSICIAN SERVICES PURSUANT TO "APPENDIX DD" OF RULE 5101:3-1-60 OF THE ADMINISTRATIVE CODE.
- (B) IN ANY INSTANCE WHEN AN ADMISSION OR A PROCEDURE WHICH REQUIRES PRE-CERTIFICATION IS PERFORMED AND THE ADMISSION AND/OR PROCEDURE HAS NOT BEEN APPROVED AS DESCRIBED IN RULE 5101:3-2-40 OF THE ADMINISTRATIVE CODE, HOSPITAL PAYMENTS WILL NOT BE MADE. IF PHYSICIAN PAYMENTS HAVE BEEN MADE FOR SERVICES RENDERED ASSOCIATED WITH THE ADMISSION AND/OR PROCEDURE, SUCH PAYMENTS WILL BE RECOVERED BY THE DEPARTMENT. RECIPIENTS MAY NOT BE BILLED FOR CHARGES ASSOCIATED WITH THE ADMISSION AND/OR PROCEDURE EXCEPT UNDER CIRCUMSTANCES DESCRIBED IN PARAGRAPH (C) OF THIS RULE.
- (C) IF THE PRE-CERTIFICATION PROCESS IS INITIATED PROSPECTIVELY BY THE PROVIDER AND HOSPITAL INPATIENT SERVICES ARE DENIED, OR IF AN ADMISSION AND/OR PROCEDURE REQUIRING PRE-CERTIFICATION IS NOT FOUND TO BE MEDICALLY NECESSARY AND THE RECIPIENT CHOOSES HOSPITALIZATION OR TO HAVE THE MEDICALLY UNNECESSARY SERVICE, THESE ADMISSIONS AND/OR PROCEDURES AND ALL ASSOCIATED SERVICES WOULD BE CONSIDERED NONCOVERED SERVICES AND THE RECIPIENT WILL BE LIABLE FOR PAYMENT OF THESE SERVICES IN ACCORDANCE WITH RULE 5101:3-1-131 OF THE ADMINISTRATIVE CODE.
- (D) THE MEDICAL REVIEW ENTITY MAY DETERMINE UPON RETROSPECTIVE REVIEW, IN ACCORDANCE WITH RULE 5101:3-2-0713 OF THE ADMINISTRATIVE CODE, THAT THE LOCATION OF SERVICE WAS NOT MEDICALLY NECESSARY, BUT THAT SERVICES RENDERED WERE

TN No. 00-001

Supersedes

TN No. 93-21

Approval Date: _____

Effective Date: 1-1-00

MEDICALLY NECESSARY. IN THIS INSTANCE, THE HOSPITAL MAY BILL THE DEPARTMENT ON AN OUTPATIENT BASIS FOR THOSE MEDICALLY NECESSARY SERVICES THAT WERE RENDERED ON THE DATE OF ADMISSION IN ACCORDANCE WITH RULE 5101:3-2-21 OF THE ADMINISTRATIVE CODE. ONLY LABORATORY AND DIAGNOSTIC RADIOLOGY SERVICES RENDERED DURING THE REMAINDER OF THE MEDICALLY UNNECESSARY ADMISSION MAY BE BILLED IN ACCORDANCE WITH RULE 5101:3-2-02 OF THE ADMINISTRATIVE CODE ON THE OUTPATIENT CLAIM. THE OUTPATIENT BILL MUST BE SUBMITTED WITH A COPY OF THE RECONSIDERATION AFFIRMING THE ORIGINAL DECISION AND/OR THE ADMINISTRATIVE DECISION ISSUED IN ACCORDANCE WITH RULE 5101:3-2-0712 OF THE ADMINISTRATIVE CODE. THE OUTPATIENT BILL WITH ATTACHMENTS MUST BE SUBMITTED TO THE DEPARTMENT WITHIN SIXTY DAYS FROM THE DATE ON THE "REMITTANCE ADVICE" RECOUPING THE DRG PAYMENT FOR THE MEDICALLY UNNECESSARY ADMISSION.

REPLACES: 5101:3-2-42

EFFECTIVE DATE: 1/1/00

REVIEW DATES: _____

CERTIFICATION: _____

DATE

PROMULGATED UNDER RC CHAPTER 119.

STATUTORY AUTHORITY RC SECTION 5111.02

RULE AMPLIFIES RC SECTIONS 5111.01 AND 5111.02

PRIOR EFFECTIVE DATES: 3/20/84, 10/1/84, 7/3/86, 10/19/87, 4/1/88, 7/1/90, 9/3/91
(EMER.), 11/10/91, 7/1/92, 7/1/93

TN No. 00-001

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MAY 23 2000

5101:3-11-04 LABORATORY AND X-RAY SERVICES PROVIDED TO HOSPITAL INPATIENTS.

LABORATORY AND X-RAY SERVICES FURNISHED TO HOSPITAL INPATIENTS ARE COVERED UNDER THE MEDICAID PROGRAM AS INPATIENT HOSPITAL SERVICES AND ARE REIMBURSED IN ACCORDANCE WITH PROVISIONS GOVERNING PAYMENT FOR INPATIENT SERVICES AS SET FORTH IN CHAPTER 5101:3-2 OF THE ADMINISTRATIVE CODE. THE DEPARTMENT WILL NOT REIMBURSE FOR, OR WILL RECOUP ANY ERRONEOUS PAYMENTS MADE FOR, SERVICES RENDERED TO HOSPITAL INPATIENTS AND BILLED BY ELIGIBLE PROVIDERS OF LABORATORY AND X-RAY SERVICES AS SUCH PROVIDERS ARE DEFINED IN CHAPTER 5101:3-11 OF THE ADMINISTRATIVE CODE. SERVICES PROVIDED BY RADIOLOGISTS AND PATHOLOGISTS BILLING FOR PHYSICIAN SERVICES ARE SUBJECT TO THE PROVISIONS OF RULE 5101:3-2-03 OF THE ADMINISTRATIVE CODE.

EFFECTIVE DATE: _____

CERTIFICATION: _____

DATE

PROMULGATED UNDER REVISED CODE CHAPTER 119.
STATUTORY AUTHORITY REVISED CODE SECTION 5111.02

84-28
Supersedes _____ Date Appr. 1/2/85
State Rep. In. _____ Date Eff. 7/26/85
10/1/84